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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/687986	RECEIVED CENTRAL FAX CENTER OCT 12 2004
	Filing Date	October 17, 2003	
	First Named Inventor	NJ BRITTEN	
	Art Unit	1614	
	Examiner Name	NOT YET ASSIGNED	
Total Number of Pages in This Submission	3	Attorney Docket Number	00661.US1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): COMMUNICATION TO EXAMINER
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Pharmacia & Upjohn Company, TIMOTHY J. GUMBLETON REG. 54,143
Signature	<i>Timothy Gumbleton</i>
Date	<i>Oct 11, 2004</i>

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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PATENT/Docket No. 00661.US1

Serial No. 10/687,986

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 1614
Examiner : Not Yet Assigned
Applicant(s) : NJ Britten, NA Waldron, JW Burns
Serial Number : 10/687,986
Filed : 10/17/2003
For : DISPERSIBLE PHARMACEUTICAL COMPOSITIONS

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COMMUNICATION TO EXAMINER

Sir:

Applicants wish to bring to Examiner's attention the applications listed in the table below. They are all assigned to Pfizer or one of its subsidiaries and contain claims or disclosure related to formulations or indications of ceftiofur.

	Serial Number	Title
1.	10/380228	Pharmaceutical Composition Having Modified Carrier
2.	10/704989	Pharmaceutical Composition Having Modified Carrier
3.	10/393098	Cyclooxygenase-2 inhibitor and antibacterial agent combination for intramammary treatment of mastitis
4.	10/393267	Parenteral Combination Therapy for Infective Conditions
5.	10/706255	Pharmaceutical Composition Having Modified Vehicle
6.	10/795191	Dispersible Pharmaceutical Compositions For Treatment of Mastitis and Otic Disorders
7.	10/903662	Dispersible Pharmaceutical Compositions For Treatment of Mastitis and Otic Disorders
8.	10/803146	Dispersible Formulation of An Anti-Inflammatory Agent
9.	10/909050	Dispersible Formulation of An Anti-Inflammatory Agent

FORM PTORSP
Rev. 5/1/03

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Respectfully submitted,



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Date: October 11, 2004

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